



MILFORD BOARD OF HEALTH
52 MAIN STREET
MILFORD, MA 01757
(508-634-2315)

TOBACCO SALES PERMIT APPLICATION
(Please print or type)

ESTABLISHMENT: _____

LOCATION: _____

OWNER (S) OPERATOR(S) NAMES _____

TYPE OF SALE: OVER THE COUNTER _____ SELF SERVICE _____

VENDING MACHINE _____ OTHER METHOD _____

I THE UNDERSIGNED HAVE OBTAINED AND REVIEWED THE REGULATIONS PERTAINING TO THE SALE, VENDING AND DISTRIBUTION OF TOBACCO WITHIN THE TOWN OF MILFORD.

NAME OF APPLICANT _____

DATE APPLICATION COMPLETED: _____

SIGNATURE OF APPLICANT * _____

*BY SIGNING THIS APPLICATION, YOU ARE INDICATING THAT YOU HAVE INITIALED THE ATTACHED CHECKLIST AFTER READING AND **UNDERSTANDING** THE TOBACCO REGULATIONS FOR THE TOWN OF MILFORD (SEE PAGES 4-7)

This form must be initialed and signed by the owner operator at the establishment applying for a Board of Health Tobacco Sales Permit- No permit will be issued until this checklist has been initialed and signed.

I have read and I understand all regulations passed by the Milford Board of Health affecting Sale, Vending and Distribution of Tobacco in the Town of Milford. **Initial:** _____

I understand that it is against the law to sell cigarettes or any tobacco product to anyone under 18 years of age, regardless of how old the person looks. **Initial:** _____

I understand that the Town of Milford requires anyone selling tobacco to conclusively establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least 18 years of age. **Initial:** _____

I understand that the owner/operator of a business holding a tobacco sales permit is responsible for the operation of a cigarette vending machine on the premises if applicable. **Initial:** _____

The Town of Milford requires the owner/operator of an establishment to control the sale of tobacco products. This means that the employees of a bar with a vending machine are responsible for ensuring that minors do not enter the establishment and obtain cigarettes if applicable. **Initial:** _____

I understand that the Town of Milford Tobacco Control Program (TCP) will conduct frequent compliance checks of my business to ensure that I am not selling tobacco products to minors. This means:

- a) TCP will send minors into my establishment to attempt the purchase of tobacco.
- b) These minors may or may not look 18 years of age.
- c) These minors will respond truthfully when asked their age.
- d) TCP will conduct these compliance checks on all tobacco merchants, including bars and private clubs, regardless of their type of business.

Initial: _____

I understand that if I am caught selling tobacco to minors, I will be fined \$100. **Initial:** _____

I understand that if I am caught selling tobacco to minors three times in any twelve month period, regardless of whether any of the tickets are appealed or dismissed, I *will* be called before the Milford Board of Health to explain *why my* permit should *not* be suspended. **Initial:** _____

I understand that the Town of Milford prohibits the sale of single cigarettes (loosies). If I *am caught* selling single cigarettes, I will be fined \$100. **Initial:** _____

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my Tobacco Sales Permit.

Owner/Operator _____

Date _____